



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Katsumi IGA et al.

Title:

PERCUTANEOUS ABSORPTION PREPARATION OF

COMPOUND HAVING AGIOTENSIN II

ANTAGONISTIC ACTIVITY

Appl. No.:

09/913,516

Filing Date:

August 15, 2001

Examiner:

K. M. George

Art Unit:

1616

RESPONSE TRANSMITTAL

Commissioner for Patents Box NON-FEE AMENDMENT Washington, D.C. 20231

Sir:

Transmitted herewith is a response in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	40	_	40	=	0	х	\$18.00	=	\$0.00
Independents:	7		7	=	0	- ×	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims: + \$280.00					=	\$0.00			
					Cl	AIMS	FEE TOTAL:	=	\$0.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[]	Extension for response filed within the first month:	\$110.00	\$0.00
	Extension for response fill d within the second month:	\$410.00	\$0.00
[]	Extension for response filed within the third month:	\$930.00	\$0.00
[]	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
[]	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
	EXTENSIO	N FEE TOTAL:	\$0.00
	CLAIMS AND EXTENSION	N FEE TOTAL:	\$0.00
[]	Small Entity Fees Apply (subtract	½ of above):	\$0.00
		TOTAL FEE:	\$0.00

- [] Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- [] A check in the amount of \$0.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date FERRIDAY 28, 20-3

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